

PRIVACY RELEASE AUTHORIZATION

I, hereby authorize Congressman Lloyd Doggett, in accordance with the Privacy Act of 1974, Public Law 93-579,
to inquire with: _____ on my
behalf. (Federal Agency)

In addition, I authorize the agency listed above to release information to Congressman Doggett or his staff concerning my request for assistance.

Signature

Date

PLEASE PRINT THE FOLLOWING INFORMATION (if applicable):

Name _____ Social Security# _____

Address _____ INS Alien # _____

City, State, Zip _____ VA Claim# _____

Evening Phone _____ Date of Birth _____

Daytime Phone _____ Fax _____

Cellular Phone _____ Email _____

Are you facing a deadline? yes _____ / no _____ When? _____

Are you currently being represented by an attorney regarding this matter? yes ____ / no _____

If Yes, please provide attorney's name: _____

Have you contacted my office before about this matter? yes _____ / no _____

Briefly explain the issue in which you are requesting assistance:

Please attach the most recent correspondence you have received from the federal agency and any other pertinent information regarding this case. Feel free to use other side or additional paper if needed.

Mail to: 300 East 8th Street, Suite 763, Austin, TX 78701-3275 **or Fax to:** (512) 916-5108

Mail to: 311 North 15 Street, McAllen, TX 78501 **or Fax to:** (956) 683-1301